



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

646.3910

Job Sheet 185769



Part No: 646.3910

Job Qty: 20 ea

Part Name: Shim



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 11/11/18

Job Tracking No:

Due Date: 11/23/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG-REV nc1 IPP REV:A 12.12.23 NEW ISSUE DD VERF:

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation           | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off     |
|-------|---------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|--------------|
|       |                     |        |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |              |
| 110   | Waterjet - Flow - 1 | 20 pcs |            | 11/23/18 | 0.01      | 0.48    | Waterjet - Flow       |           | 18/11/04     |
| 120   | QC                  | 20 pcs |            | 11/23/18 | 0.00      | 0.00    | QC2 Waterjet-1        |           | 18/11/04     |
| 130   | QC                  | 20 pcs |            | 11/23/18 | 0.00      | 0.00    | QC8-1                 |           | 38           |
| 140   | Outsource           | 20 pcs |            | 11/23/18 |           |         | GRO002-VC             | 10        | NOV 0 6 2018 |
| 150   | Packaging           | 24 pcs |            | 11/23/18 | 0.00      | 0.00    | Packaging2            |           | NC 1 7 2018  |
| 160   | QC                  | 20 pcs |            | 11/23/18 | 0.00      | 0.00    | QC5                   |           |              |
| 170   | Packaging           | 20 pcs |            | 11/23/18 | 0.00      | 0.00    | Packaging3-1          |           | NOV 2 3 2018 |
| 180   | QC21-SA             | 20 Ea  |            | 11/23/18 | 0.00      | 0.00    | QC21                  |           | NOV 2 3 2018 |

Part Op 110 - 1-Cut as per Dwg

Descriptions: 140 - Issue P/O: 041612 Cad Plating, CAD PLATE PER QQ-P-416, TYPE II, CLASS 2, CL2

170 - \*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND REV\*\*\*

### Job BOM

| Part / Item | Component Name                              | Quantity          | Operation               | Container |
|-------------|---------------------------------------------|-------------------|-------------------------|-----------|
| MC1095S.020 | C1095 Blue Tempered Spring Steel Sheet .020 | .6000 sf (.03 ea) | 110-Waterjet - Flow - 1 |           |

### Job Allocations

| Operation               | Component Part | Required | Inventory | Allocated |
|-------------------------|----------------|----------|-----------|-----------|
| 110-Waterjet - Flow - 1 | MC1095S.020    | 1        | 10        | 0         |

### Part Specifications

| Spec No | Description | Target/Tolerance    | Limits         | Type | Special Comments |
|---------|-------------|---------------------|----------------|------|------------------|
| 1       | Shim        | 1.570Inches ± 0.005 | 1.575<br>1.565 |      |                  |
| 2       | Shim        | 2.900Inches ± 0.005 | 2.905<br>2.895 |      |                  |
| 3       | Shim        | 0.020Inches ± 0.005 | 0.025<br>0.015 |      |                  |

646.3910

N/C

S124877

Plex 11/1/18 2:35 PM Dart.lajeunesse.marie



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                      |                          |                                                                                                                                                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       |  |                                |  |
|------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|--|--------------------------------|--|
| Work Order: _____<br>Part No. _____<br>NCR No. _____ |                          | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Thermoforming <input type="checkbox"/><br>Large Fab <input type="checkbox"/><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Composite <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/> |  |                       |  |                                |  |
| Date : _____                                         |                          | Step # : _____                                                                                                                                                                 |                          | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | MRB (QSI042) Approval |  |                                |  |
| Description Work Order Deviation                     |                          |                                                                                                                                                                                |                          | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |  |                                |  |
|                                                      |                          |                                                                                                                                                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       |  | Completed By                   |  |
|                                                      |                          |                                                                                                                                                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       |  | Lead hand / Supervisor<br>tion |  |
| <b>Root Cause</b>                                    |                          |                                                                                                                                                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       |  |                                |  |
| Environment <input type="checkbox"/>                 | <input type="checkbox"/> | No Re-verification                                                                                                                                                             | <input type="checkbox"/> | Pressure/Forced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       |  |                                |  |
| Design <input type="checkbox"/>                      | <input type="checkbox"/> | Operator                                                                                                                                                                       | <input type="checkbox"/> | Bending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                       |  |                                |  |
| Doc/Data <input type="checkbox"/>                    | <input type="checkbox"/> | Offset/Setup                                                                                                                                                                   | <input type="checkbox"/> | Centre Not Concentr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                |  |
| Equip/Tooling <input type="checkbox"/>               | <input type="checkbox"/> | Supplier                                                                                                                                                                       | <input type="checkbox"/> | Cracks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                       |  |                                |  |
| Handling/Pre <input type="checkbox"/>                | <input type="checkbox"/> | Training                                                                                                                                                                       | <input type="checkbox"/> | Crimp/Kink/Ripple/V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                |  |
| Material <input type="checkbox"/>                    | <input type="checkbox"/> | Use for Testing                                                                                                                                                                | <input type="checkbox"/> | Cuffs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                       |  |                                |  |
| Internal Transport <input type="checkbox"/>          | <input type="checkbox"/> | Poor Information                                                                                                                                                               | <input type="checkbox"/> | Crushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                       |  |                                |  |
| Tribal Knowledge <input type="checkbox"/>            | <input type="checkbox"/> | Rushing                                                                                                                                                                        | <input type="checkbox"/> | Heat Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                       |  |                                |  |
| LOA <input type="checkbox"/>                         | <input type="checkbox"/> | Product Improvement                                                                                                                                                            | <input type="checkbox"/> | Wave/Twist in Tube                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                       |  |                                |  |
| Substation <input type="checkbox"/>                  | <input type="checkbox"/> | Process Improvement                                                                                                                                                            | <input type="checkbox"/> | Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                       |  |                                |  |
| Past Expiry Date <input type="checkbox"/>            | <input type="checkbox"/> | Manufacturing Process                                                                                                                                                          | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       |  |                                |  |
| Misidentified <input type="checkbox"/>               | <input type="checkbox"/> | Past Due                                                                                                                                                                       | <input type="checkbox"/> | OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                       |  |                                |  |

Mfg Date: 11/04/18  
Job No: 185769

Packaging

Change No: \_\_\_\_\_  
Operation: \_\_\_\_\_  
Revision: \_\_\_\_\_

Serial No/Batch: S124377  
PART NO: 646.3910



5181024





Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# **PURCHASE ORDER** **PO041612**

**Supplier:** GRO002-VC  
Group Altech  
2455 Halpern  
St Laurent  
QC  
H4S 1N9 Canada  
Phone: 514-335-3666  
Fax: 514-335-3868

**PO No:** PO041612  
**PO Date:** 11/6/18  
**Due Date:** 11/14/18  
**Purchase Order Revision:**  
**Revision Date:**  
**Ship-To Contact:** Tsimiklis, ChrisoulaPhone:

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**Via:** Ground

**Pynt Terms:** Net 60

**Freight Terms:**

**Special Comments:** \*\* Confirm date of delivery \*\*

## **Items**

| Line Item           | Job    | Part               | Description                                                                                                                                                                                          | Status | Account | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price  |
|---------------------|--------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|----------------|-------------------|---------|------------------|-----------------|
| 1                   | 185770 | 646.3912           | Shim<br>Issue<br>P/O:<br>Cat Plating,<br>CAD PLATE PER QQ-<br>P-416, TYPE II,<br>CLASS 2, CL2                                                                                                        | Firmed | -       | 11/14/18 | 25 pcs         | 0 pcs             | 25 pcs  | \$14.75/pcs      | \$368.75        |
| 2                   | 185769 | 646.3910           | Shim<br>Issue<br>P/O:<br>Cad Plating,<br>CAD PLATE PER QQ-<br>P-416, TYPE II,<br>CLASS 2, CL2                                                                                                        | Firmed | -       | 11/14/18 | 24 pcs         | 0 pcs             | 24 pcs  | \$14.75/pcs      | \$354.00        |
| 3                   | 178665 | RBW6205G09132-3G-9 | Arm Weldment<br>-Issue P/O to<br>GROUPE ALTECH:<br>P/O<br>-Cadmium plating,<br>QQ-P-416F TYPE II,<br>CLASS II<br>-Color; Yellow<br>-Material type; 1018<br>-Certificate of<br>Conformity is required | Firmed | -       | 11/14/18 | 6 pcs          | 0 pcs             | 6 pcs   | \$15.95/pcs      | \$95.70         |
| <b>Grand Total:</b> |        |                    |                                                                                                                                                                                                      |        |         |          |                |                   |         |                  | <b>\$818.45</b> |

## **Order Notes**

Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

Plex 11/7/18 11:44 AM dart.tsimiklis.chrisoula

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## Certificat de Conformité / Certificate of Compliance

(014190-1)

2455, Rue Halpern | Saint-Laurent | Québec | H4S 1N9  
Tel: 514-335-3666 Fax: 514-335-3868  
www.groupaltech.com

## Bon de Livraison / Packing Slip

014190 - 1

Livré à / Ship to

**DART AEROSPACE LTD**  
1270 ABERDEEN STREET  
HAWKESBURY, ON, K6A1K7  
CANADA  
Tel.: 613-632-5200 Fax.:

Client / Customer:

**DART AEROSPACE LTD**  
1270 ABERDEEN STREET  
HAWKESBURY, ON, K6A1K7  
CANADA  
BUYER:

| Date expédition<br>Ship date |                                                                            | Créé Par<br>Generated By                                                  | Transport / No de Compte<br>Courier / Acc. No. |                   | Bon de commande Client<br>Customer Purchase Order No. |                   |               |                         |
|------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------|-------------------|-------------------------------------------------------|-------------------|---------------|-------------------------|
| 16-Nov-2018                  |                                                                            | Aman                                                                      |                                                |                   | 041612 ✓                                              |                   |               |                         |
| #Ligne<br>Line#              | No. de Série / # Pièce<br>Part Number / Line Item Details<br>Job # / Ref # | Description pièce(s)                                                      | CATG.<br>U/M                                   | Comm.<br>/Ordered | Exp/<br>Shipped                                       | Qté NC/<br>NC Qty | Qté<br>Scrap/ | À venir /<br>Back Order |
| 1                            | 646.3912<br>Rev.                                                           | 646.3912 ✓<br>CAD YELLOW PLATE PER QQ-P-416 TYPE 2 CLASS 2                | CADMIUM<br>CH                                  | 25                | 25 ✓                                                  | 0                 | 0             | 0                       |
| 2                            | 646.3910 SHIM<br>Rev.                                                      | 646.3910 SHIM ✓<br>CAD YELLOW PLATE PER QQ-P-416 TYPE 2 CLASS 2 ,CL2      | CADMIUM<br>CH                                  | 24                | 24 ✓                                                  | 0                 | 0             | 0                       |
| 3                            | RBW6205G09132-3G-9<br>Rev.                                                 | RBW6205G09132-3G-9 ✓<br>CAD YELLOW PLATE PER QQ-P-416 TYPE 2 CLASS 2 ,CL2 | CADMIUM<br>CH                                  | 6                 | 6 ✓                                                   | 0                 | 0             | 0                       |

Notes Additionnelles / Additional Notes

Epaisseur réelle  
Actual Thickness

Inspecteur Qualité  
Quality Inspector

Réçu par  
Received By

Nous certifions que les pièces énumérées ci-dessus ont été traitées en conformité avec votre commande et vos spécifications et rencontrent les exigences.  
Notre responsabilité financière et légale ne sera pas supérieure au montant de la facture issue.

We hereby certify that the parts listed above have been process in accordance with your purchase order and specifications and are in conformance with your requirements.  
Our financial and legal responsibility will not be higher than the amount of invoice.

